


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature</p> <p><b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
<p>AL WILLIAMS 3930 Accent Dr. #2411 DALLAS, TX 75287</p> <p>4:21CV154 ORDER {26}</p>  <p>9590 9402 6309 0274 7316 53</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>FILED</b></p> <p>APR 14 2021</p>
2. Article Number (Transfer from service label)	<p>3. Service type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Restricted Delivery</p>
7020 0090 0000 2360 3789	(over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt